FILED20 MAY 15 15:53 USDC-ORP

Name, Address, E-mail, & Phone

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Plaintiff(s), Plaintiff(s), Mayor Hall) Polire cyil Re 150 officers Defendant(s).	Case No.: 3 15 CV-715 -5+ MOTION FOR APPOINTMENT OF PRO BONO COUNSEL
I, Robert West, move for	the appointment of pro bono counsel.
To support this motion, I declare under penalty of perju	ry that (check one):
☐ I have been granted, or have applied for	r, permission to proceed in forma pauperis.
☐ I have attached an affidavit demonstrati	ing my inability to pay the cost of an attorney.
I have made the following diligent efforts to obtain legal my poverty (describe below): I called Several Lawf They could not take my	irms and was told that
I need appointed counsel to assist me because (described The P with The Y	form and filing and Research
Signature Robert West Printed Name	5/20/2015 Date

AFFIDAVIT IN SUPPORT OF MOTION FOR APPOINTMENT OF PRO BONO COUNSEL

I answer the following questions under penalty of perjury:

1.	Æ(No							
	If you answered yes, where are you are inca	rcerated?						
2.	Are you currently employed? □ Yes ♥ No							
	If you are employed:	•						
	List your employer's name:							
	List your employer's address:							
	Amount of take-home pay: \$_	per (hour, day, week, month)						
	If you are not employed:							
	Name your last employer:							
	Last employer's address:							
	——————————————————————————————————————							
	Date of last employment:							
	Amount of take-home pay: \$	per (hour, day, week, month)						
3.	. Is your spouse or significant-other emplo	Is your spouse or significant-other employed? □ Yes □ No ➡Not Applicable						
	Name of employer:							
	Employer's address:							
	Date of last employment:							
	Amount of take-home pay: \$_	per (hour, day, week, month)						
4.	. Have you received money from any of the following sources in the last 12 months?							
	• Business, professions, or other se	• Business, professions, or other self-employment:						
	☐ Yes Amount Received: \$	Amount expected in future: \$						
	No							
	• Rent payments, interest, or divid	lends:						
		Amount expected in future: \$						
	₩ No							
	THE BOOK 25 YOU	ve since I worked a Job						
	To Brief 2) year	1000 to school 15 years for						
	Oler than volen	rs since I worked a Job tooring or school 15 years for						
	school I've Boen on SSI	for 20 years						
	T've Keen on som	, , ,						

☐ Yes	Amount Rece	ived: \$	Amount expect	ed in future: \$
₩ No				
Disabilit	tv or workers c	ompensation pay	vments:	
	•			ted in future: \$
□ No				
• Gifts or	inheritances:			
☐ Yes	Amount Rece	ived: \$	_ Amount expec	ted in future: \$
₩ No				
 Any oth 	er sources:	, for	od stuntoc	
₹ Yes	Amount Rece	eived: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount expec	ted in future: \$
□ No				
•	_		ig prison trust ac	counts?
	Total amount	:\$ 535		
☐ No				
utomobiles, or	other valuable	property? 🔽	Yes (describe bel	
tomobiles, or	Asset	property? 🔽 Brief Desc	Yes (describe be	
utomobiles, or	Asset	property? 🔽	Yes (describe be	low) 🗆 No
tomobiles, or	Asset	property? 🔽 Brief Desc	Yes (describe be	low) 🗆 No
tomobiles, or	Asset	property? 🔽 Brief Desc	Yes (describe be	low) 🗆 No
tomobiles, or	Asset	property? 🔽 Brief Desc	Yes (describe be	low) 🗆 No
tomobiles, or	Asset	property? 🔽 Brief Desc	Yes (describe be	low) 🗆 No
Type of	Asset 2	Brief Desc	Yes (describe be	low) 🗆 No
Type of	Asset 2	Brief Desc	Yes (describe be	low) 🗆 No
Type of	Asset 2	Brief Desc	Yes (describe be	ow) □ No Estimated Value
Type of	Asset 2	Brief Desc	Yes (describe be	ow) □ No Estimated Value
Type of	Asset 2	Brief Desc	Yes (describe be	ow) □ No Estimated Value
Type of	Asset 2	Brief Desc	Yes (describe be	ow) □ No Estimated Value

Renters Insurance

8. Do you have monthly expenses, including housing, transportation, utility, judgments, loan payments, or other regular expenses? ₹ Yes (describe below) ☐ No

Expense Description	Estimated Monthly Payment
Rent	1306
INSUVUMCR	\$ 7 00
695	9100
Phone	\$ 55

9. List the persons (or, if under 18, initials only) who are dependent on you for support:

Name or Minor's Initials	Relationship (Spouse, child, parent, etc.)	Amount of Monthly Support Your Provide
none		

10. Do you have any debts or financial obligations? \boxtimes Yes (describe below) \square No US Bank \$ 2,000

Signature

5/20/2015 Date